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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/678,637	<b>FILING DATE</b> 10/03/2000 <b>RULE</b> -	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2121	<b>ATTORNEY DOCKET NO.</b> 5000-83702
<b>APPLICANTS</b> Michael R. Conboy, Austin, TX ; Danny C. Shedd, Austin, TX ; Elfido Coss JR., Austin, TX ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/878,787 06/19/1997 <i>mm</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none mm</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/15/2000</b> -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>mm</i> Acknowledged <i>mm</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Robert C Kowert Conley Rose & Tayon PC P O Box 398 Austin ,TX 78767				
<b>TITLE</b> Automated material handling system for a manufacturing facility divided into separate fabrication areas				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**CONFIRMATION NO. 6043**

SERIAL NUMBER 09/678,637	FILING DATE 10/03/2000  RULE	CLASS 700	GROUP ART UNIT 2125	ATTORNEY DOCKET NO. 5000-83702
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## APPLICANTS

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Danny C. Shedd, Austin, TX;

Elfido Coss JR., Austin, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/878,787 06/19/1997 PAT 6,157,866 *May*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none May*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/15/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	3	7	1
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

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## TITLE

Automated material handling system for a manufacturing facility divided into separate fabrication areas

FILING FEE  RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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